

## City of Framingham POLICE DEPARTMENT

1 William H. Welch Way Framingham, MA 01702 Phone: 508-872-1212 Fax: 508-424-3408 LESTER BAKER Chief of Police

RONALD BRANDOLINI Deputy Chief/XO VICTOR PEREIRA

> Deputy Chief SEAN RILEY Deputy Chief

## FRAMINGHAM POLICE DEPARTMENT YOUTH ACADEMY CONSENT AND RELEASE FORM

The Framingham Police Department is pleased that your child is interested in participating in the Framingham Police Department Youth Academy. For all participants, parental approval is required and parents must sign the below consent and release form.

## **CONSENT AND RELEASE**

I, the undersigned parent/guardian, acknowledge that it is my/my child's choice to participate in the Framingham Police Department Youth Academy. I, the undersigned parent/guardian, understand that participants in the class will be engaged in training activities, some of which present situations which may be physically and mentally challenging. I, the undersigned parent/guardian, acknowledge this and voluntarily accept it, hereby releasing the City of Framingham, its police officers, public officials, officers, agents, servants, employees and assigns (the "Releasees"), from any and all liability, claims, demands, actions and causes of action, which might result from my child's participation in the Framingham Police Department Youth Academy. As a further part of the aforesaid consideration, I, the undersigned parent/guardian, agree to indemnify and hold harmless the aforesaid Releasees from all liability, claims, demands, actions and causes of action which my and/or my child's estate may hereafter have on account of any and all injuries and damage to my child or to my child's property, or my child's death, arising out of or related to any happening or occurrence while my child participates in the Framingham Police Department Youth Academy; and for the same consideration, I, the undersigned participant or parent/guardian, promise to release, and covenant not to sue, the Releasees, and agree to forever hold them and each of them harmless from any such liability, claims, demands, actions or causes of action.

I, the undersigned participant or parent/guardian, have read and understand the conditions of this program as stated above and hereby voluntarily assume all risk of loss, damage or injury to my child or to my child's property, including death, which my child may sustain while participating in the Framingham Police Department Youth Academy. This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and it shall inure to the benefit of the Releasees and their heirs, executors, administrators, personal representatives, assigns and successors in office.

By signing this release, the participant and parent/guardian agrees to the consent and release rules listed above. I or the undersigned parent/guardian give permission to have my child's participation in this class.

PRINT NAME	DATE OF BIRTH	SS#	
ADDRESS			
SIGNATURE OF APPLICANT			
PARENT SIGNATURE / DATE			
PRINT PARENT NAME			